



Office of Plant Industries and Pest Management

Larry Hogan, Governor Boyd K. Rutherford, Lt. Governor Joseph Bartenfelder, Secretary James P. Eichhorst, Deputy Secretary Turf and Seed

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SEED SAMPLE TESTING FORM FOR MACS COVER CROPS - 2016 Use a Separate Form for Each Submitted Sample

Name/Farm Name:		
Address:		
Telephone:		
FID/Social Security No. (Only Las	st Four Digit Ne	eeded For Existing Customers)
Bill Name and Address (if differe	nt than abov	e):
Crop Kind: (Circle One) Wheat, E	Barley, Rye, (Other:
Lot Number:		
Is This Sample Treated: Yes	No	
All Treated Samples <u>Must</u> State t	he Name of T	Freatment:
Bushels Represented By Test Lo	t:	
Seed samples should be approxi	mately 2 lbs	minimum (lunch bag or quart jar size).
•	•	Bills will be mailed at the end of the month i
which test was completed. Test	_	
completed.		
<u>compicted.</u>		

Mail samples to: MD Seed Lab, 50 Harry S Truman Parkway, Annapolis, MD 21401